

4417

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH		Arizona State Board of Health		lvv Roms	326
BUREAU OF VITAL STATISTICS		STATE FILE NO.		REGISTERED NO.	
1. PLACE OF DEATH					
COUNTY	Maricopa		STATE	ARIZONA	
TOWNSHIP	Phoenix		OR VILLAGE		
CITY	Phoenix		NO. _____	ST. _____	
(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)					
2. FULL NAME <u>Arthur H. Wagner</u> (Dagley)					
(A) RESIDENCE: NO. _____ ST. _____ WARD _____					
(USUAL PLACE OF ABODE)					
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE REASON)	21. DATE OF DEATH (MONTH, DAY, AND YEAR)		
M	Wh	Married	12-27-36		
5A. IF MARRIED, WIDOWED, OR DIVORCED			22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM _____, 19____, TO _____		
HUSBAND OF (OR) WIFE OF <u>Mary Wagner</u>			I LAST SAW H. _____ ALIVE ON _____, 19____. DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 2:30 PM.		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)			THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:		
7. AGE YEARS MONTHS DAYS IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.			DATE OF ONSET		
60 Absent			Myocarditis Ch		
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC.	9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC.		OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:		
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)		11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION			
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY)		13. NAME <u>M. Wagner</u>			
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY)		15. MAIDEN NAME <u>Miss Crowley</u>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY)		17. INFORMANT (ADDRESS) <u>Mary Wagner</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Funerary Home</u> DATE <u>31-36</u>		19. EMBALMER (ADDRESS) <u>Funerary Home</u>			
20. FILED <u>Feb 12, 1936</u> <u>Neri F. Osborn</u> REGISTRAR		24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? IF SO, SPECIFY <u>Myocarditis Ch</u>			
		23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? _____ DATE OF INJURY _____, 19____ WHERE DID INJURY OCCUR? _____ (SPECIFY CITY OR TOWN, COUNTY AND STATE) SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE _____			
		MANNER OF INJURY _____ NATURE OF INJURY _____			
		NAME OF OPERATION _____ DATE OF _____ WHAT TEST CONFIRMED DIAGNOSIS? _____ WAS THERE AN AUTOPSY? _____			
		BACK OF CERTIFICATE TO BE USED FOR ANY ADDITIONAL INFORMATION			